

With the compliments of  
the Medical Officer of Health.



# **GOOLE RURAL DISTRICT COUNCIL**

# **ANNUAL REPORT**

of the

**Medical Officer of Health**


and the

**Senior Public Health Inspector**

# **1971**

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# GOOLE RURAL DISTRICT COUNCIL

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Chairman :  
Councillor T. C. KETTLEWELL

Vice-Chairman :  
Councillor E. COTTAM

Medical Officer of Health :  
MURIEL J. LOWE,  
M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H., M.F.C.M.

Deputy Medical Officer of Health :  
EILEEN M. R. BELL-SYER  
M.B., B.S.

Senior Public Health Inspector :  
J. ALLAN POTTS,  
A.M.I.S.E., M.S.I.A.

Additional Public Health Inspector :  
PETER RAMSDALE,  
D.A.P.H.I., M.R.S.H.

## **To The Chairman and Members of the Goole Rural District Council**

LADIES and GENTLEMEN,

I have the honour to present to you my third Annual Report on the Health of the District and the work of the Health Department for the year 1971.

### **VITAL STATISTICS**

169 Live Births were registered, 38 more than in 1970. This gives a Birth Rate of 17.9 the Adjusted Birth Rate being 17.5. The West Riding Rural Aggregate Rate was 17.4 and that for England and Wales was 16.0. The Still Birth Rate of 5.9 (1 Still Birth) is the lowest since recordings began in 1929. The Perinatal Mortality Rate, which is calculated on the numbers of stillbirths plus deaths in the first week of life per 1000 total births, was 17.6. There were two infant deaths, both in the first week of life; one was due to cardio-respiratory failure associated with congenital heart disease, and the other was caused by atelectasis. This gives an Infant Mortality Rate of 11.8, which compares favourably with the West Riding Aggregate of Rural Districts of 17.8 and of England and Wales of 17.5.

There was one maternal death during 1971, the first for twenty years; the Maternal Mortality Rate, therefore, being 5.88. Death was due to pulmonary embolism due to thrombosis of the right iliac veins, and it took place 6 weeks after delivery.

110 deaths were registered giving a Crude Death Rate of 11.6 and an Adjusted Death Rate of 11.9 per 1000 population, the National average being the same. Live births exceeded deaths by 59. The commonest cause of death was cerebrovascular disease (21 deaths), and ischaemic heart disease (12 deaths). There were six deaths from cancer of the lung, all in males. Respiratory diseases accounted for 17 deaths, and, as with cancer of the lung, all 9 deaths due to bronchitis and emphysema were in males.

Ischaemic heart disease affects both males and females although usually there is a preponderance of males, particularly in middle life. There is much that is incompletely understood about this disease which claims so many lives and on which a vast amount of research has been done; and although there may be a number of causes and not one alone, there are various closely correlated factors:—

1. Smoking.
2. A high consumption of saturated fats and cholesterol, derived from animal fats.



3. A high consumption of sugar which leads to fat deposition in the body.
4. A diminishing amount of exercise particularly in relation to the intake of energy-giving foods, such as fats and carbohydrates, over and above need.

So I would commend to all men, especially those who are coming up to middle age to stop smoking, to eat margarine containing unsaturated vegetable oils instead of butter, to reduce their sugar intake, and to exercise regularly to a reasonable degree commensurate with their age. To younger people I would say that it is much better never to start smoking, and to keep their carbohydrate intake, particularly sugar, in check. They should take a reasonable amount of exercise daily. To them, as to older people, my advice is that the car should be their servant and not their master.

## **INFECTIOUS DISEASES**

13 cases of infectious disease were notified during the year, of which 1 case was due to measles. There were no cases of whooping cough, 1 case of dysentery, and 10 cases of infected jaundice occurring in a residential institution. In 1970 there were 121 cases of measles notified and although the disease tends to occur in greater numbers in alternate years, it is to be hoped that routine measles vaccination at 16 months of age will change the familiar pattern and prevent this cause of morbidity in the future.

One new case of tuberculosis was notified during 1971, of non-pulmonary type.

Over many years the commonest notifiable disease has been measles, and recently whooping cough and scarlet fever have been much less in evidence. Dr. J. Stevenson, Consultant in infectious diseases at Leeds, has said in the West Riding's "Health Notes" Supplement No. 26, "that in the United Kingdom today there is virtually no endemic infectious disease capable of striking terror into a mother's heart". But despite the diminished virulence of scarlet fever and the rarity of diphtheria and poliomyelitis in the U.K. (thanks to immunisation), he advises us not to become complacent. Diphtheria, he states, is still relatively common in Eastern Europe and the Eastern Mediterranean and this is a hazard to holiday makers themselves and to those at home to whom they may carry the disease. A good immunity before travelling to these parts is, therefore, a wise precaution.

## **SMALLPOX VACCINATION**

In September, 1971, the Secretary of State for Health and the Social Services decided to accept the advice of the Joint Committee on Vaccination and Immunisation that routine vaccination of children against smallpox need no longer be recommended.

This step was not taken lightly, but the areas of the world where smallpox is endemic has contracted greatly in recent years and therefore introduction of the disease into this country by foreign travellers and immigrants is less likely. The stage had also been reached where the numbers of deaths and serious sequelae from vaccination had exceeded the deaths from the disease itself. It has, therefore, become county policy to cease to offer routine vaccination against smallpox to children in the second year of life.

It must be emphasized, however, that persons travelling to places abroad where smallpox is still endemic must have recent, adequate protection, and it is sensible that those who might come into contact with imported cases, such as those working in the Health Services, should be vaccinated at frequent intervals.

## **IMMUNISATION AND VACCINATION**

In addition to diphtheria, whooping cough, tetanus, poliomyelitis, measles and tuberculosis protection, vaccination against german measles is now offered to girls between 11 and 12 years of age. This we hope will eliminate congenital defects of the foetus, caused by women of child-bearing age contracting the disease in early pregnancy.

## **FOOD HANDLING AND THE HOUSEWIFE**

No cases of food poisoning were notified during the year 1971. On the face of it this is a very satisfactory state of affairs, but can we be sure that there has been no food poisoning in the Rural District during this period of time. Many people do not report to their doctors with symptoms of diarrhoea, abdominal pain and/or vomiting, which might be associated with the eating of infected food.

I am well aware that the Council's Public Health Inspectors do a really excellent job in supervising and advising abattoirs and food shops, and this is an important preventive service, very similar to that of the Factory Inspector's with his advice on safety. But no one is directly responsible for advising the housewife whose job it is to serve safe food to her family.

She should remember that raw meat and poultry are potentially infected with food poisoning organisms. Therefore, they should be handled as little as possible, kept in a refrigerator (but only for short periods – 1 to 3 days) and cooked WELL as soon as possible. Cooked, and raw meat, and vegetables should be kept apart in storage. Joints should be kept to under 6 lbs. in weight so that they can be cooled, after cooking, within 1½ hours, in a current of cool air (if possible) and then refrigerated. Frozen poultry should be properly defrosted, preferably in a refrigerator, and particular attention paid to thawing out in the centre of the carcass.



If refrigeration is not available, only enough meat, fish, or poultry should be purchased for immediate use. The re-heating of food should be avoided, but if food has to be used up, then it should be re-cooked thoroughly. Pet foods should be stored separately and separate utensils should be used for them. Dish-cloths and tea cloths can be a harbour for germs. It is much better to use kitchen paper for all wiping jobs and to use plate racks for drying crockery.

And above all, good personal hygiene is essential, remembering that it is just as important to wash one's hands AFTER, as well as BEFORE AND DURING the preparation of food, and to use a nail brush.

**GOOLE HEALTH CENTRE**

This Health Centre, which was started in May, 1971, is well on the way to completion, at the time of writing. The new wing was handed over in June, 1972, and the County staff moved over to it and now hold their clinics there. The original building is being up-graded at the present time.

With attachment of our nursing staff to the General Practitioners, co-operation had already begun and when both branches of the service are working side by side in one building liaison will be much more direct.

I hope that the Family Doctors will be very happy and comfortable in their new surgery accommodation in the very near future.

**CENSUS**

1971 was a census year and the population of the Goole Rural District has been given as 9,540. This is an increase of 626 over the 1961 Census figure. I give below previous census figures :—

1901	7,937		
1911	8,518	increase	581
1921	8,368	decrease	150
1931	8,789	increase	421
1951	9,231	„	442
1961	8,640	decrease	591
1971	9,540	increase	626

**RURAL HOUSING**

Great efforts have been made in 1971 to buy land by agreement with the owners for the building of council property in order to re-house tennants from some of the worst cottages in the Rural District. Unfortunately, owners of land in the Swinefleet area are unwilling to sell by negotiation to the local authority, but until land can be obtained for re-development, designated clearance areas cannot be proceeded with.

There is, in the village, derelict property, interspersed amongst other buildings, which must be demolished in order to make way for modern dwellings. It is in my opinion that, when land is obtained, some re-development should be in the form of small, low-rise blocks of flats, thus economising in space and providing ground floor accommodation for those who need it.

## **FLUORIDATION OF WATER SUPPLIES**

It is now 15 years since fluoridation of public water supplies was first started in the United Kingdom as an inexpensive and safe way of improving the condition of our children's teeth and of preventing dental decay. Trials in certain areas of Britain have shown that tooth decay in the temporary teeth of children aged 3 to 7 has been reduced by half, and the number of children free from decay more than doubled. In the permanent teeth of children aged 8 to 10, the reduction in the amount of decay has been about one third, and again there was a substantial increase in the proportion with no dental decay – I quote from "Our Teeth", a Health Education Council publication, which is a summary of the 1969 report on eleven years of fluoridation in the U.K. These figures are precisely similar to figures throughout the world, wherever fluoridation has been carried out.

Fluoride is a natural substance present in nearly all food and water. Some water supplies have enough natural fluoride already present and do not need the addition of more fluoride. It was the remarkably healthy teeth of the children in these areas – South Shields is one – that first attracted medical attention. Mortality and morbidity experience in areas with natural fluoride in the water are no different from those in the fluoride deficient areas.

Fluoridation means the adding of a minute amount of fluoride to public water supplies so that the natural fluoride content is raised to 1 part per million. This is the level at which it can effectively provide permanent resistance to tooth decay.

"The World Health Organisation through its Assembly in 1969, adopted a resolution calling for the implementation of fluoridation throughout the world, a resolution which was passed unanimously by all member states, including the United Kingdom", states the Fluoridation Society's pamphlet. Canada and the United States have used the process for a quarter of a century. We have the long term experience in the natural fluoride areas so why do we not take action NOW. Our children have, on average, as many decayed teeth as years of age.



This Division of the West Riding is a typical non-fluoride area. A careful survey of children's teeth was carried out in 1963 by the School Dental Service throughout the County. The following table shows the results obtained in this area.

No. of Children Examined	No. of Children showing no *D.M.F. teeth	No. of *D.M.F. teeth	Percentage of children showing no *D.M.F. teeth	Average No. of *D.M.F. teeth per child
	<b>5 YEAR OLDS</b>			
181	19	1187	10.5	6.5
	<b>12 YEAR OLDS</b>			
100	NIL	714	NIL	7.14

\* D.M.F. = Decayed, missing or filled teeth.

Fluoridation does not obviate the need for good dental hygiene and a sensible diet, but there is no doubt that dental decay is drastically reduced. I believe that the time is now ripe, when our water undertakings are being re-organised, to make this change now. The annual cost of dental treatment in Britain is more than £1 per head; the annual cost of fluoridation is not more than 5p. per head. Let us protect our children's teeth and at the same time reduce the cost of our dental services.

## RE-ORGANISATION

In my report last year I was looking forward to changes which were mooted, but which were indefinite and vast. These changes are now almost upon us and yet a tremendous amount of preparatory work has still to be done before the 1st April, 1974. The anxiety and suspense resulting from our ignorance of the future must surely end soon and enable us all to do our utmost to make the great changes a success.

IN CONCLUSION, I wish to thank my Deputy M.O.H., Dr. Eileen Bell-Syer, once again for her loyal support and help during the past year; for the interest and kindness shown to me by the members and other officers of the Council; the excellent assistance and most helpful services of the Public Health and Divisional Health Staffs, and for the service, so willingly given, by the voluntary helpers at the clinics.

I remain,

Your obedient servant,

MURIEL J. LOWE,

*Medical Officer of Health.*

August, 1972.

## GENERAL STATISTICS, 1971

Area of Rural District	.. .. .	38,238 acres
Population (estimated mid 1971)	..	9,450
Number of Houses	.. .. .	3,945
Rateable Value	.. .. .	£264,571 (Apr. 1972)
Product of Penny Rate (estimated)	..	£2478.56 (Apr. 1972)

## VITAL STATISTICS

	GOOLE R.D.	Aggre- gate West Riding R.D.s	West Riding Admin. County	England and Wales (Provi- sional)
BIRTH RATE (per 1,000 estimated population)	17.9	17.4	17.0	16.0
CRUDE DEATH RATES (all per 1,000 estimated population)				
All causes (Crude D.R.)	11.6	10.1	11.4	11.6
Infective and Parasitic Diseases	0.00	ø	ø	ø
Respiratory Tuberculosis	0.00	0.02	0.02	0.02
Other forms of Tuberculosis	0.00	0.00	0.01	0.01
Respiratory Diseases (excluding Tuberculosis)	1.80	1.16	1.42	ø
Malignant Neoplasms	3.17	1.94	2.16	2.39
Heart and Circulatory Diseases	2.75	3.92	4.41	ø
Vascular Lesions of Nervous System	2.22	1.46	1.75	ø
INFANT MORTALITY (Deaths under one year per 1,000 live births)	12.0	17.8	18.4	18.0
STILLBIRTHS	6.0	11.2	12.3	12.0
PERINATAL MORTALITY	18.0	21.4	21.7	22.0
MATERNAL MORTALITY (Deaths of mothers in childbirth per 1,000 total births)	5.88	0.11	0.10	0.17

### Comparability Factors:

For Births, 0.98.

Adjusted Birth Rate, 17.5.

For Deaths, 1.02.

Adjusted Death Rate, 11.8.

ø Figures not available

# **BIRTH AND DEATH RATES, 1971 AND MEAN RATES FOR DECENNIAL PERIODS**

## **BIRTH RATE = 17.9**

(per 1,000 population)

1901-1910	..	..	27.4	1941-1950	..	..	18.3
1911-1920	..	..	23.6	1951-1960	..	..	15.4
1921-1930	..	..	22.1	1961-1970	..	..	16.0
1931-1940	..	..	16.2				

## **STILLBIRTHS = 5.9**

(per 1,000 total births)

1901-1910	..	..	—	1941-1950	..	..	33.2
1911-1920	..	..	—	1951-1960	..	..	25.6
1921-1930	..	..	—	1961-1970	..	..	23.3
1931-1940	..	..	39.1				

## **ILLEGITIMATE BIRTHS = 29.5**

(per 1,000 total births)

1901-1910	..	..	67.8	1941-1950	..	..	71.6
1911-1920	..	..	88.6	1951-1960	..	..	46.7
1921-1930	..	..	72.1	1961-1970	..	..	46.7
1931-1940	..	..	49.3				

## **INFANTILE MORTALITY = 11.8**

(per 1,000 live births)

1901-1910	..	..	134.7	1941-1950	..	..	43.3
1911-1920	..	..	100.4	1951-1960	..	..	33.9
1921-1930	..	..	82.6	1961-1970	..	..	17.5
1931-1940	..	..	59.0				

## **NEONATAL MORTALITY = 11.8**

(Deaths in first month per 1,000 live births)

1901-1910	..	..	24.5	1941-1950	..	..	19.8
1911-1920	..	..	25.5	1951-1960	..	..	22.8
1921-1930	..	..	22.3	1961-1970	..	..	15.5
1931-1940	..	..	26.6				

## **PERINATAL MORTALITY = 17.6**

(Stillbirths and first week deaths per 1,000 total births)

1921-1930	..	..	—	1951-1960	..	..	45.1
1931-1940	..	..	64.7	1961-1970	..	..	37.0
1941-1950	..	..	53.1				

## **TOTAL DEATH RATE = 11.6**

(per 1,000 population)

1901-1910	..	..	15.7	1941-1950	..	..	11.3
1911-1920	..	..	14.7	1951-1960	..	..	10.2
1921-1930	..	..	12.1	1961-1970	..	..	11.7
1931-1940	..	..	11.5				



# DISEASES OF HEART AND CIRCULATION = 2.75

1901-1910	..	..	1.71	1941-1950	..	..	3.54
1911-1920	..	..	1.03	1951-1960	..	..	3.80
1921-1930	..	..	2.22	1961-1970	..	..	4.81
1931-1940	..	..	3.73				

# VASCULAR DISEASES OF CENTRAL NERVOUS SYSTEM = 2.22

1901-1910	..	..	—	1941-1950	..	..	0.97
1911-1920	..	..	—	1951-1960	..	..	1.13
1921-1930	..	..	0.79	1961-1970	..	..	1.82
1931-1940	..	..	0.76				

# MALIGNANT NEOPLASMS = 3.17

1901-1910	..	..	0.88	1941-1950	..	..	1.70
1911-1920	..	..	1.04	1951-1960	..	..	1.82
1921-1930	..	..	1.37	1961-1970	..	..	2.04
1931-1940	..	..	1.28				

# RESPIRATORY DISEASES = 1.80

1901-1910	..	..	2.48	1941-1950	..	..	0.95
1911-1920	..	..	1.88	1951-1960	..	..	1.07
1921-1930	..	..	1.45	1961-1970	..	..	1.38
1931-1940	..	..	0.77				

# INFECTIVE AND PARASITIC DISEASES = 0.00

1901-1910	..	..	1.22	1941-1950	..	..	0.15
1911-1920	..	..	1.26	1951-1960	..	..	0.06
1921-1930	..	..	0.57	1961-1970	..	..	0.02
1931-1940	..	..	0.23				

# RESPIRATORY TUBERCULOSIS = 0.00

1901-1910	..	..	0.73	1941-1950	..	..	0.37
1911-1920	..	..	0.67	1951-1960	..	..	0.06
1921-1930	..	..	0.61	1961-1970	..	..	0.03
1931-1940	..	..	0.33				

# NON-RESPIRATORY TUBERCULOSIS = 0.00

1901-1910	..	..	0.70	1941-1950	..	..	0.09
1911-1920	..	..	0.30	1951-1960	..	..	0.02
1921-1930	..	..	0.29	1961-1970	..	..	0.01
1931-1940	..	..	0.13				

# MATERNAL MORTALITY = 5.88

(per 1,000 total births)

1901-1910	..	..	5.33	1941-1950	..	..	1.17
1911-1920	..	..	4.74	1951-1960	..	..	0.63
1921-1930	..	..	3.92	1961-1970	..	..	0.00
1931-1940	..	..	4.54				

## BIRTHS, 1971

					Male	Female	Total
Live Births.—Legitimate	..	..	..		93	71	164
Illegitimate	..	..	..		2	3	5
				Total	95	74	169
Stillbirths	..	..	..	..	1	0	1
Premature Births.—Babies weighing 5½ lbs. or less at birth.							
					Live	Still	Total
Born at home	..	..	..	..	1	0	1
Born in hospital	..	..	..	..	10	2	12
					11	2	13

## CAUSES OF DEATH, 1971

					Male	Female	Total
Malignant Neoplasm, Buccal Cavity	..				—	1	1
Malignant Neoplasm, Stomach	..				2	1	3
Malignant Neoplasm, Intestine	..				4	1	5
Malignant Neoplasm, Lung, Bronchus	..				6	—	6
Malignant Neoplasm, Breast	..	..			—	3	3
Malignant Neoplasm, Uterus	..	..			—	1	1
Malignant Neoplasm, Prostate	..	..			3	—	3
Leukaemia	..	..	..	..	—	1	1
Other Malignant Neoplasms	..	..			3	4	7
Diabetes Mellitus	..	..	..	..	—	1	1
Other Diseases of Nervous System	..				1	—	1
Hypertensive Disease	..	..	..		2	1	3
Ischaemic Heart Disease	..	..	..		6	6	12
Other forms of Heart Disease	..	..			—	3	3
Cerebrovascular Disease	..	..	..		7	14	21
Other Diseases of Circulatory System	..				3	5	8
Pneumonia	..	..	..	..	3	4	7
Bronchitis and Emphysema	..	..			9	—	9

	Male	Female	Total
Other Diseases of Respiratory System ..	1	—	1
Peptic Ulcer .. .. .	—	1	1
Other Diseases of Digestive System ..	—	2	2
Nephritis and Nephrosis .. .. .	1	—	1
Other diseases, Genito-Urinary System ..	—	1	1
Other complications of Pregnancy, etc. ..	—	1	1
Diseases of Skin, Subcutaneous Tissue ..	1	—	1
Congenital Anomalies .. .. .	1	2	3
Birth Injury, difficult labour, etc. .. ..	—	1	1
Motor Vehicle Accidents .. .. .	1	—	1
All Other Accidents .. .. .	1	1	2
	—	—	—
TOTAL ALL CAUSES .. .. .	55	55	110

### INFANTILE MORTALITY

#### Causes of Death in Age Groups

	Under 1 week	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	1 to 3 Months	3 to 6 Months	6 to 9 Months	9 to 12 Months	TOTAL
Atelectasis ..	1	..	..	..	..	..	..	..	1
Sudden Death in Infancy Syndrome ..	..	..	..	..	..	..	..	..	..
Hydrocephalus	..	..	..	..	..	..	..	..	..
Encephalocoele	..	..	..	..	..	..	..	..	..
Congenital heart disease	..	..	..	..	..	..	..	..	..
Intestinal Obstruction	..	..	..	..	..	..	..	..	..
Congenital anomalies ..	1	..	..	..	..	..	..	..	1
	2	0	0	0	0	0	0	0	2



# CASES OF INFECTIOUS DISEASE

## notified during the year 1971

Notifiable Disease	Number of Cases Notified							
	At all Ages	According to Age						
		Under 1	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	Over 65
Small-pox .. .. .	..	..	..	..	..	..	..	..
Food Poisoning .. .. .	..	..	..	..	..	..	..	..
Diphtheria .. .. .	..	..	..	..	..	..	..	..
Scarlet Fever .. .. .	..	..	..	..	..	..	..	..
Typhoid Fever .. .. .	..	..	..	..	..	..	..	..
Acute Meningitis .. .. .	..	..	..	..	..	..	..	..
Acute Poliomyelitis, paralytic .. .. .	..	..	..	..	..	..	..	..
"                "                non-paralytic .. .. .	..	..	..	..	..	..	..	..
Acute Encephalitis .. .. .	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum .. .. .	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis .. .. .	..	..	..	..	..	..	..	..
Other forms of Tuberculosis .. .. .	1	..	..	..	..	..	1	..
Measles .. .. .	1	1	..	..	..	..	..	..
Tetanus .. .. .	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	..	..	..	..	..	..	..	..
Dysentery .. .. .	1	1	..	..	..	..	..	..
Encephalitis Lethargica .. .. .	..	..	..	..	..	..	..	..
Infective Jaundice .. .. .	10	..	1	9	..	..	..	..
Malaria .. .. .	..	..	..	..	..	..	..	..
Totals .. .. .	13	2	1	9	0	0	1	0

## TUBERCULOSIS

### New cases in 1971

	Male	Female	Total
Pulmonary .. .. .	0	0	0
Non-Pulmonary .. .. .	0	1	1
Total	0	1	1

### Total Cases on Register

Pulmonary .. .. .	7	6	13
Non-Pulmonary .. .. .	1	3	4
Total	8	9	17

## National Assistance Acts, 1948-51.

No action was taken under these Acts during 1971.

# STATISTICS WEST RIDING DIVISION No. 10, 1971.

## 1. HEALTH VISITING (Division No. 10 as a whole).

	First Visits
Children under 1 .. .. .	852
Children between 1 and 5 .. .. .	2277
Other cases .. .. .	909
	<hr/>
Total	4038

## 2. CHILD WELFARE CLINICS.

Total number of children under 5 years of age who first attended all Clinics during the year:

(i) Born in 1971 .. .. .	474
(ii) Born 1966/70 .. .. .	821

Number of Sessions held:

SNAITH .. .. .	50
Total attendance .. .. .	1122
Average per session .. .. .	22
SWINEFLEET .. .. .	49
Total attendance .. .. .	419
Average per session .. .. .	9

## 3. SCHOOL HEALTH SERVICE.—Divisional figures.

Attendances at Clinics .. .. .	269
Number attending Speech Therapy .. .. .	52
Number inspected in School by School M.O. .. .. .	1288
Number inspected in School by School Nurse .. .. .	6838
Primary tests for Subnormality .. .. .	30
Re-examinations for Subnormality .. .. .	35
Recommended for Special Schools .. .. .	12
Attending Special Schools .. .. .	75
Reported for care and guidance .. .. .	3
Audiometry tests by School Nurse .. .. .	1075
Audiometry tests by School M.O. .. .. .	106

County Occulist:

Number of cases seen .. .. .	570
Number of spectacles prescribed .. .. .	161

The following defects were found at medical inspections :

						Requiring treatment	For ob- servation
Verminous heads	..	..	..	..	..	189	0
Skin	..	..	..	..	..	24	11
Vision	..	..	..	..	..	74	3
Other eye conditions	..	..	..	..	..	8	12
Hearing	..	..	..	..	..	31	42
Other ear defects	..	..	..	..	..	5	7
Nose and throat	..	..	..	..	..	31	42
Speech	..	..	..	..	..	10	3
Cervical glands	..	..	..	..	..	1	13
Heart and circulation	..	..	..	..	..	15	4
Lungs	..	..	..	..	..	14	4
Developmental	..	..	..	..	..	14	9
Orthopaedic	..	..	..	..	..	15	16
Nervous System	..	..	..	..	..	7	7
Psychological	..	..	..	..	..	15	15
Enuresis	..	..	..	..	..	46	13
Other conditions	..	..	..	..	..	6	1

#### Paediatric Clinic :

No. of individual patients seen :

Pre-school	..	..	..	..	..	..	44
School	..	..	..	..	..	..	66
Total attendances :							
Pre-school	..	..	..	..	..	..	48
School	..	..	..	..	..	..	78

#### 4. MATERNITY SERVICES.

Confined in Hospital :

Goole Maternity Hospital	..	..	..	..	218
Fulford Maternity Hospital	..	..	..	..	310
Wakefield—Manygates	..	..	..	..	171
Leeds Hospitals	..	..	..	..	4
Other Maternity Homes	..	..	..	..	14
Total					717



## County Midwives :

There were 167 domiciliary confinements in the division.

The following summary of the work of the County Midwives is for Division 10 as a whole :—

Number of Midwives	..	..	7
Number of cases	..	..	167
Gas and air analgesia	..	..	0
Trilene analgesia	..	..	103

## 5. HOME NURSING (Division 10 as a whole).

Number of Nurses	..	..	7
Number of cases completed	..	..	625
Number of visits	..	..	16,095

## 6. IMMUNISATION AND VACCINATION. This has now been placed on the computer and the figures given below are for the Division as a whole for the year 1971.

### (a) Total Injections given

Diphtheria, Tetanus and Whooping Cough	..	984
Diphtheria and Tetanus	.. ..	321
Measles	.. ..	684
Polio	.. ..	1734
Rubella	.. ..	527
Tetanus	.. ..	1380

### (b) Primary Doses

Diphtheria	.. ..	701
Measles	.. ..	684
Polio	.. ..	740
Rubella	.. ..	527
Tetanus	.. ..	702
Whooping Cough	.. ..	697

### (c) Reinforcing Doses

Diphtheria	.. ..	514
Polio	.. ..	994
Tetanus	.. ..	578
Whooping Cough	.. ..	496

## 7. B.C.G. VACCINATION OF SCHOOL CHILDREN

(12 years of age).

Number of acceptances in 1971	..	776
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Pre-vaccination Tuberculin Tests:

Positive (not requiring vaccination)	..	66	(8.96%)
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Negative (requiring vaccination)	..	671	(91.04%)
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Number vaccinated with B.C.G.	..	737
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## 8. CHILD GUIDANCE.

No. of new cases	..	..	..	12
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No. of cases discharged	..	..	20
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## 9. MASS RADIOGRAPHY SURVEY, 1971.

The Unit visits Selby and Goole twice per month,  
383 were examined at Goole and 185 at Selby. A further  
431 were examined in a Survey at Goole and 717 at Selby.

## **PUBLIC HEALTH DIVISION No. 10**

The County Districts forming Division No. 10 are:—

Goole Borough (1,267 acres) Selby Urban (3,883 acres)

Goole Rural (38,238 acres) Selby Rural (33,304 acres)

Area of the Division .. .. 76,692 acres

Population (Estimated mid-1971) 49,320

(Census 1971) .. 49,570

### **DIVISIONAL HEALTH OFFICE AND STAFF**

6/7 Belgravia, Goole. Telephone Goole 4216 & 2923.

Divisional Medical Officer and Divisional School Medical Officer:

MURIEL J. LOWE, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H., M.F.C.M.

Senior Clinical Departmental Medical Officer and School Medical Officer:

EILEEN M. R. BELL-SYER, M.B., B.S.

Departmental Medical Officer and School Medical Officer:

J. N. LAMBTON, M.B., Ch.B.

Area Dental Officers:

P. F. A. ELTOME, L.D.S. (Goole). J. R. CLAYTON, B.Ch.D., L.D.S. (Selby).

Divisional Nursing Officer: Miss C. J. BADCOCK.

Nursing Officers: Mrs. C. M. PARRY (Heath Visitors),

Miss H. ELLIS (Midwives), Mrs. P. MOULDS (Home Nurses).

Health Visitors and School Nurses: Miss D. M. BUTLER, Mrs. M. DODSON,  
Mrs M. D. GARDNER, Mrs. M. H. HARROLD, Miss M. MITCHELL,  
Miss R. PENISTON, Miss D. M. ROBINSON, Mrs. K. M. TAIT (part-time).

Assistants: Mrs. E. M. HOWARD (part-time), Mrs. F. JARY,

Home Nursing Sisters: Mrs. M. B. BRAMLEY (part-time) Mrs. M.  
CHAPMAN, Mrs. W. E. DUFFIN, Mrs. S. E. HERRON, Mrs. E.  
HIGGINS, Mrs. D. L. HUTTON, Mrs. B. ROSS (part-time), Mrs. J. M.  
SAWDON, Mrs. M. S. TWINEHAM.

Domiciliary Midwives: Mrs. M. M. APPLEBY, Miss I. CAMPBELL, Miss E.  
CLAYTON, Mrs. J. COOK, Miss M. ELLIOTT, Mrs. D. FRANKLIN,  
Mrs. A. G. HORSFIELD.

Divisional Administrative Officer: Mr. R. TOWELL, A.M.R.S.H.

Senior Clerk: Mr. G. N. NOWILL. Staff: Mrs. N. ALMOND, Miss C. L.  
ALLOTT, Miss. S. L. BRAMHAM, Mrs. M. E. BRYARS (part-time),  
Miss S. H. MILEHAM, Mrs. M. READSHAW (part-time,) Mrs. J. E.  
TAYLOR.



## **PUBLIC HEALTH INSPECTOR'S REPORT FOR 1971**

**To the Chairman and Members  
of Goole Rural District Council.**

Mr. CHAIRMAN, MESDAMES and GENTLEMEN,

I have the honour to present my Annual Report for the year 1971. At last we know the likely shape of things to come in the Local Government world and, perhaps more important, that 1st April 1974 will see the end of this authority.

Once the broad principles of local government reorganisation have been settled everyone should be anxious to get the new framework of local administration settled and give the new councils a flying start in life. But the amount of work to be done in the next two years is a daunting prospect. An amalgamation of councils within the same county is a reasonably straightforward job. However we are faced with forging an integrated unit from 5 councils which are at present in 3 different counties. I doubt very much whether anyone foresaw this sort of area coming out of the Boundary Commission hat and to my mind the greatest and most urgent problem facing the 5 councils is to bring a sense of unity to the peoples of the new district. This calls for a tremendous amount of good will from all concerned. The East Riding and Lindsey County Councils have been campaigning for months to retain the identities of the present counties. District Councils have naturally given their loyalties to their own counties. But those battles are now over and we in the proposed No. 1 District are the spearhead of the new order, a Humberside in miniature, a machine engineered from parts of different manufacture and use. We must all learn to change our attitudes and learn new, wider, horizons. It seems to me to be a great pity that the three County Councils have not, up to time of writing, shewn any lead in this respect. In fact, situated as we are, at the Geographic pivot of Humberside all we have heard up to press is the chauvinistic war chants of the County Aldermen. It is my sincere wish that we may quickly achieve at micro level a unity that will shame the upper tier.

If 1972 brings more talk of Humberside and less Humbug we might, by the skin of our teeth, avoid chaos on 1st April '74.

Yours faithfully,

J. ALLAN POTTS,

Public Health Inspector.

## HOUSING

Changing conditions in the housing pattern of the country are reflected in the housing completion figures for the year. Fifty private houses were completed but only six council properties — all of them being single bedroom bungalows. These figures are both less than one third of the 1970 completions and demonstrate the cyclic nature of the house building industry with its recurrent periods of depression and hectic activity associated with the availability or lack of mortgage money and funds in the public sector. The men of the building industry should have our sympathy for the way in which they have to struggle to achieve some sort of continuity of work in a world which seems to take a fiendish delight in creating conditions of maximum demand immediately before each slump.

With new houses very few on the ground, it is rather surprising that the demand for house improvement grants has only remained at the same level as in the past year or so. In spite of the most generous grants of 75% of cost of improvements now on offer the expected flood of applicants only turned out to be a trickle. One can only conclude that people are sitting tight in the expectation that things will get better — or is the explanation that the Building Societies are keeping the tap really screwed down? Whatever the reason, there are indications that 1972 will see things on the up and up once more, with a build-up of planning applications and construction starts in the last half of 1971.

The Council's direct activity in the housing sector took a significant turn in the year when it was decided to carry out large scale modernisation works to a large number of council houses. With a list of over 500 houses to get through and a very limited time in which to do it, the next eighteen months looks like being very hectic. With work on this scale being done in small, dispersed, areas it was a wise move of the Council to appoint special staff to supervise and organise the work. We shall be stretching the local building industry to the limit with this programme; no doubt other Councils will also be spurting ahead, and with the expected upturn in private house building and improvements we may well find that we shall be forced to cast the net further and further afield to find contractors. It is a great pity that we are not able to spread the work out over a longer period. This would have enabled us to use fewer contractors who would have been able to gain expertise by repetition and so manage with less time and upset to the tenants, and it would also have allowed us to move at least a proportion of tenants into temporary accommodation whilst the work was being done. As it is, we are faced with simultaneous work on 30 or more sites by perhaps as many contractors, and little option but to do the work with the people still in residence. A compromise must be made between the achievement of the highest possible standards



and the work that is physically possible in occupied property. The final results should be to make these older houses into really desirable places. Many owner-occupiers live in property which is undergoing more extensive works than we shall be doing, sustained by sweet dreams of the end result. The choice is theirs — and they are happy to make it. Council house tenants have no choice, and whether they will live on sweet dreams or nightmares is something we shall soon find out.

Grant applications show further trends toward higher standards. It is now normal for applicants to include central heating in their list of work, in fact the “top three” in the popularity charts are — damp proof course, new electric wiring and central heating. With 75% of approved costs as a gift we inevitably get a number of “bargain hunters” in the applications, wanting a £1500 grant for property worth £100. Undoubtedly the grants have saved many houses which would have been pulled down as uneconomic propositions had all the costs had to come out of the owners’ pockets. Deciding what is legitimate improvement work and where to draw the line in evaluating a grant cost-estimate is a most difficult job. The casual onlooker no doubt thinks that giving public money away is the world’s easiest task; to do it in a fair and conscientious manner, which is what we try to do, is almost as difficult and thankless a job as the Inspector of Taxes has getting it into the front end of the pipeline. The new, high, grants are certainly an attractive proposition. Personally, however, I very often have grave doubts about the wisdom of putting large sums into some of the houses that are improved. It would often be a more efficient use of resources to pull down and rebuild for the same total cost — only the existence of the grant prevents it. I think that in cases like this, where a house is eligible for grant but the owner elects to pull down and rebuild, there is a case for paying a subsidy based on a proportion of the hypothetical grant. The cost to the country would be less than grant, the owner would get what he really wants and the property should have a longer life expectancy than an old house. I do not advocate this as a general substitute for the grant system and I know of very many old houses which have been improved to become delightful homes that will stand for generations. But not all old property was well built — cottages were often built down to a price — the jerrybuilder has a long ancestry and there is a case for diverting grants away from such places.

## SEWERAGE

The Airmyn village sewerage scheme was completed during the year and will now free the village from the restriction on development which has been imposed over the past few years because of gross pollution in the dikes.



Only the scattered marshland villages now lack modern sewerage and with the design work for this scheme now in hand we can look forward to the end of one of the last major deficiencies of rural life. We have made tremendous strides in the last few years at cleaning up the polluted ditches around our villages. Looking over the waters of the Yorkshire Ouse and Trent as they lap our doorstep, we see drainage from a 9000 square mile basin oozing its murky way to a better life. These tons of liquid filth make our efforts to clear pollution look very insignificant, and we must look to our urban brothers to put their houses in order before the really dramatic improvements in the rivers become possible.

The cutting off of electricity supplies during the miners' strike produced a crop of problems at our sewage pumping stations and treatment works. We have standby pumps at each station — but they are electrically driven — and of no use when the supply fails. In case of power failure at any one place we have a 6" diesel powered pump that can be coupled into most of the rising mains. We are thus not equipped to deal with a situation where every pump in the district is unworkable. The worst problem was trying to anticipate the effects of the shut-down. With pumps not working, sewage obviously builds up in the whole of the sewerage system until it gets to the level of the lowest drain inlet, and the owner of that one gets the lot ! We do know the levels of our sewers, but we do not know the levels of each individual drain connected to them and so we had to have long hard guessing sessions and make plans for as many contingencies as could be envisaged. Nearly all our systems carry both sewage and storm water and if the power cuts had coincided with heavy rainfall there would have been very serious trouble. Fortunately this did not happen. When the power went off the weather stayed reasonably dry and the build-up in the sewers was slow enough to enable us to just keep ahead, and (by luck as much as anything) find a safe outlet. When this trying period was over we were left with a few polluted dikes, our normally spick and span pumping stations in a sorry, filthy, state, but with everyone's feet still dry.

## **RODENT CONTROL**

With a main road carrying industrial and holiday traffic through the district, it is not surprising that there should be places which have become favourite spots to stop on the roadside for meal breaks. These official and unofficial laybys are favourite feeding grounds for vermin and the nearby hedgerows and dikes are nearly always infested with a resident rat population. Our well-fed travellers leave an abundance of food around at these spots and even if covered refuse receptacles are provided seem to prefer throwing it on the grass — are they misguided bird-lovers or just too lazy to leave the car or lorry cab ?

The dumping of agricultural refuse in the form of surplus potatoes, carrots, roots and bulbs is still widespread on many of the grass verges and roadside dikes in the area. The less frequented roads are favourites for nocturnal dumping expeditions and the first that is known is when a rat colony has established itself on the spot. It is a strange world where human beings die of starvation and yet the system dictates that the community pays for food to be grown and then to be thrown away to feed rats which the community then pays to have destroyed.

# **FACTORIES ACT, 1961**

## **PART 1 OF THE ACT**

### **1. INSPECTIONS for purposes of provision as to health (including inspections made by Public Health Inspectors).**

Premises	No. on Register	Number of		
		Inspect- tions	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	4	4	0	0
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority .. .. .	33	29	0	0
(iii) Other premises in which Sec. 7 is enforced by the Local Authority (excl. out-workers premises) .. .. .	10	31	0	0
Total .. .. .	47	64	0	0

### **PART 2 — Cases in which DEFECTS were found.**

Particulars	Number of cases in which defects were found				No. of cases pro- secutions instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of Cleanliness (S.1)	0	0	0	0	0
Overcrowding (S.2) ..	0	0	0	0	0
Unreasonable temp. (S.3)	0	0	0	0	0
Inadequate ventilation (S.4) .. .. .	0	0	0	0	0
Ineffective drainage of floors (S.6) .. .. .	0	0	0	0	0
Sanitary Conveniences insufficient, unsuitable or defective (S.7) .. .. .	3	3	0	0	0
Other offences .. .. .	0	0	0	0	0
Total .. .. .	3	3	0	0	0

### **PART VIII OF ACT — OUTWORKERS**

No lists of outworkers were received during the year.





